

CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0301

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROV. SUPPLIER/CLIA IDENTIFICATION NUMBER 445239	(X2) MULTIPLE CORRECTIONS A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/28/2011
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NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF MORGAN COUNTY	STREET ADDRESS, CITY, STATE, ZIP CODE 419 SOUTH KINGSTON STREET WARTBURG, TN 37887
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 281 SS=D 483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS

The services provided or arranged by the facility must meet professional standards of quality.

This REQUIREMENT is not met as evidenced by:

Based on medical record review, observation, and interview, the facility failed to follow physician's orders for one (#8) of twenty-three residents reviewed.

The findings included:

Resident #8 was admitted to the facility on September 2, 2011, at 3:30 p.m., with diagnoses including Congestive Heart Failure, Diabetes, Rheumatoid Arthritis, and Hypertension.

Medical record review of the physician's admission orders dated September 2, 2011, revealed the resident was to receive Carafate (antilucer) 1 G (gram) twice a day, Celexa (antidepressant) 20 mg (milligrams) at bedtime, Glucophage (antidiabetic) 1000 mg twice a day, and Micronase (antidiabetic) 2.5 mg twice a day.

Medical record review of the September 2011, Medication Administration Record (MAR) revealed no documentation the resident received the Carafate, Celexa, Glucophage, and Micronase on the evening of September 2, 2011.

Medical record review of the September 2011, MAR revealed the resident's blood sugar was 140 on September 3, 2011, at 6:30 a.m.

F.281

1) No Adverse reactions affecting resident #8 were identified. M.D. notified of medication deficient practice on 9/3/2011 for resident #8 by the DON, LPN #1 educated on Medication Administration policy on 9/28/2011 by the DON.

10/28/11

2) DON/ADON/ Unit Managers will audit of all new admissions beginning 9/28/2011 to ensure medications have been administered per M.D. orders. Staff Development Coordinator. /DON/ADON to educate/ in-service 100% of licensed nurses on facility medication administration policy.

10/28/11

3) DON/ADON/Unit Managers will audit admissions for 3 months to ensure medication administration policy is followed. New licensed nurses will be in-serviced on hire of the medication policy by Staff Development Coordinator.

10/28/11

4) Director of Nursing and / or unit managers will report medication administration audits results monthly x3 to the performance Improvement Committee to assure compliance. Performance Improvement Committee members include, E.D., DON, ADON, RSM, Activities Director, Social Services Director, Dietary Manager, Housekeeping Supervisor, SDC, HIM, Medical Director, Pharmacy Consultant, Psychc Services.

10/28/11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

J. H. H. H.

Executive Director

10/17/11

any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that their safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

ORM CM5-2567(02-99) Previous Versions Obsolete

Event ID: 80:411

Facility ID: TN6501

If continuation sheet Page 2 of 7

J. Lubbock

Executive Director

10/17/11

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/29/2011
FORM APPROVED
OMB NO. 0938-0391

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NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF MORGAN COUNTY			STREET ADDRESS, CITY, STATE, ZIP CODE 419 SOUTH KINGSTON STREET WARTBURG, TN 37887		
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F 425	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to provide timely pharmacy services for one (#8) of twenty-three residents reviewed. The findings included: Resident #8 was admitted to the facility on September 2, 2011, at 3:30 p.m., with diagnoses including Congestive Heart Failure, Diabetes, Rheumatoid Arthritis, and Hypertension. Medical record review of the physician's admission orders dated September 2, 2011, revealed the resident was to receive Roxicodone (pain medication) 15 mg (milligrams) every six hours, and Vitamin D3 2000 units daily. Medical record review of the September 2011, Medication Administration Record (MAR) revealed no documentation the Roxicodone was administered on September 2, 2011, at 6:00 p.m. Continued review of the reverse side of the September 2011, MAR revealed Licensed Practical Nurse (LPN) #2 documented on September 3, 2011, "12A (12:00 a.m.) & (and) 6A (6:00 a.m.) Pain meds not here, Pharm. (pharmacy) aware." Continued review of the September 2011, MAR revealed LPN #4 documented on the reverse side of the MAR the Vitamin D3 was not available on September 3, and 4, 2011, and LPN #3 documented the		F 425	3) DON/ADON/Unit Managers will audit admissions monthly x 3 to ensure policy is followed. All new licensed nurses will be in-serviced on hire on the Pharmacy medication ordering and medication administration policy. 4) Performance Improvement Committee to assure compliance. PI committee is made up of E.D., DON, ADON, RSM, Activities Director, Social Services Director, Dietary Manager, Housekeeping Supervisor, SDC, HIM, Medical Director, Director of Nursing and / or unit managers will report audits results monthly x3 to the performance Pharmacy Consultant, Psyche Services.	10/28/11 10/28/11

[Signature]

Executive Director

10/17/11

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F 425	Continued From page 3 Vitamin D3 was not available on September 5 and 6, 2011. Observation on September 26, 2011, at 10:30 a.m., revealed the resident lying on the bed watching television. Interview on September 27, 2011, at 3:15 p.m., with LPN #1, in the conference room, revealed LPN #1 was responsible for administration of the Roxicodone on September 2, 2011, at 6:00 p.m., and confirmed the Roxicodone was not available. Telephone interview on September 27, 2011, at 1:40 p.m., with LPN #2 confirmed the Roxicodone was not available on September 3, 2011, at 12:00 a.m., and 6:00 a.m. Telephone interview on September 27, 2011, at 12:55 p.m., with LPN #3 confirmed the Vitamin D3 was not available for administration to the resident on September 5, and 6, 2011.	F 425			
F 514 SS=D	483.75(1)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized. The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State and progress notes.	F 514	1) No Adverse reactions affecting resident # 8 or #14 were identified. M.D. was notified of deficient practice on 9/28/2011. LPN #1 was educated on facility policy for documentation of medical records. 2) DON/ADON/ Unit Managers to do 100% Audit of all new admissions beginning 9/28/2011 to ensure Medications Administered and Documentation completed per M.D. orders. Staff Development Coord. /DON/ADON to educate/ in-service 100% of licensed nurses on facility policy. Regarding medication documentation / administration. DON/ADON will report to Performance Improvement Committee results of audits.	10/28/11 10/28/11	

J. L. L.

Executive Director

10/17/11

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F 514	Continued From page 4 This REQUIREMENT is not met as evidenced by: Based on medical record review, facility policy review, and interview, the facility failed to ensure the medical record was complete for two (#8 and #14) of twenty-three residents reviewed. The findings included: Resident #8 was admitted to the facility on September 2, 2011, at 3:30 p.m., with diagnoses including Congestive Heart Failure, Diabetes, Rheumatoid Arthritis, and Hypertension. Medical record review of the physician's admission orders dated September 2, 2011, revealed the resident was to receive Tylenol 650 mg (milligrams) every six hours as needed for pain. Medical record review of the September 2011, Medication Administration Record (MAR) revealed Licensed Practical Nurse (LPN) #1 administered Tylenol 650 mg to resident #8 on September 2, 2011, at 7:00 p.m. Medical record review of the MAR, nursing notes, and pain management flow sheet revealed no documentation of the effectiveness of the Tylenol. Review of the facility's policy Pain Management Protocol revealed "...Nursing staff will monitor and document the effectiveness of the pain management...in the resident medical record (Nurses' Notes/Pain Management Flow Sheet, Medication Administration Record), as appropriate..."	F 514	3) DON/ADON/Unit Managers to audit admissions monthly x 3 to ensure policy is followed regarding documentation in medical record. All new licensed nurses will be in-serviced on hire of the Pharmacy ordering, documentation and medication administration policy. 4) DON/ADON/Unit Managers to audit admissions monthly x 3 to ensure policy is followed. All new licensed nurses will be in-serviced on hire of the Pharmacy ordering, documentation and medication administration policy. Performance Improvement Committee members include, E.D., DON, ADON, RSM, Activities Director, Social Services Director, Dietary Manager, Housekeeping Supervisor, SDC, HIM, Medical Director, Pharmacy Consultant, Psyche Services.	10/28/11	10/28/11

[Signature]

Executive Director

10/17/11

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F 514	Continued From page 5 Interview on September 27, 2011, at 3:20 p.m., with LPN #1, at the nursing station, confirmed the effectiveness of the Tylenol administered on September 2, 2011, at 7:00 p.m., was not documented. Resident #14 was admitted to the facility on June 21, 2011, with diagnoses including Sepsis, Right Hip Arthroplasty, and Fracture of Right Distal Femur. Medical record review revealed the resident returned to the hospital on June 24, 2011, and was readmitted to the facility on June 30, 2011, with a diagnoses of Sepsis. Medical record review of the resident's Medication Administration Record (MAR) dated June 21, 2011, and the MAR dated June 30, 2011, revealed no documentation the resident received medications ordered for eight and nine o'clock p.m. the evenings of June 21 & 30, 2011. Review of the Emergency (ER) Box Facilities Record dated June 21, 2011, revealed documentation of LPN #1 (licensed practical nurse) obtaining the drugs Neurotin and Trazadone in the ordered doses to administer to resident #14. Review of the pharmacy suppliers drugs listed as delivered on June 30, 2011, verified the drugs ordered for resident #14 upon readmission were supplied. Interview with LPN #1 in the conference room, on September 28, 2011, at 1:20 p.m., revealed the	F 514			

J. L. L.

Executive Director

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NAME OF PROVIDER OR SUPPLIER

LIFE CARE CENTER OF MORGAN COUNTY

STREET ADDRESS, CITY, STATE, ZIP CODE

419 SOUTH KINGSTON STREET
WARTBURG, TN 37887

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F 514 Continued From page 6

LPN stated the medications had been administered on the evening of June 21, 2011, and June 30, 2011. During interview, LPN #1 stated the additional medications required for evening doses on June 21, 2011 were for the resident's bowel regime and were in general stock, and did not require a sign out from the ER Box. Interview verified the medications ordered for the evening of June 30, 2011 were given and confirmed the MAR did not document the medications the resident received on June 21 & 30, 2011.

F 514

*y. h. h.**Executive Director*

10/17/11